

## STATEMENT OF ORGANIZATION RECEIPT AND COMMITTEE IDENTIFICATION NUMBER ASSIGNMENT

Γ	CTE THOMAS OWCZAREK TO		٦	
	COUNTY COMMISSIONER DIST. #	<b>† 1</b>		
	2120 GARRICK WARREN, MI 48091			
L			_1	
Orig	ginal Statement of Organization — Acknowl	edgemer	t of Receipt	*:
This	s acknowledges receipt of the <b>Orginal Staten</b>	nent of O	rganization from the	committee named above
Date	e and time received:			
	APRIL 21, 20	004 @ 8	3:54 A.M.	
Con	nmittee Identification Number Assignment			
be u	identification number appearing below has used on each page of all subsequent stateme d or submitted by your committee.			
	USE THIS NUMBE	R ON AL	L DOCUMENTS	
	1	37382		
	Carnelle falaufe		APRIL 21, 200	4
	Signature		Date	····
	масомв			
	County			